

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: Don Lynch	Date: 07/20/2010	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs			Ext.: 7515
Work Control Coordinator: Don Lynch		Start Date: 07/21/2010	Est. End Date: 11/1/2010
Brief Description of Work: PHENIX Pad Chamber 1 (PC1) East & West Electronics Troubleshooting and Repairs			
Building: 1008	Room: IR	Equipment: PC1 East & West	Service Provider: PHENIX techs & PC experts

WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H ANALYSIS					
Radiation Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination
Radiation Generating Devices:		<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges	<input type="checkbox"/> X-ray Equipment
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer		
Safety Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material	
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input checked="" type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls	
	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems	
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift	
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*	
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum	
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Other	
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Environmental Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.		
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed		
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive		
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical		
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping		
Waste disposition by:		<input type="checkbox"/> Other			
Pollution Prevention (P2)/Waste Minimization Opportunity:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes			
FACILITY CONCERNS		<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations		
	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other		
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions			
WORK CONTROLS					
Work Practices					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)	
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other	
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")		
Protective Equipment					
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input checked="" type="checkbox"/> Safety Glasses	
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness	
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Other
Permits Required (Permits must be valid when job is scheduled.)					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems			
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No			
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other			
Dosimetry/Monitoring					
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD		
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization		
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other Check O ₂ level prior to entry		
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump			
Training Requirements (List below specific training requirements)					
Confined Space, CA –Collider User, PHENIX Awareness, Working at Heights (Fall Protection)					
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:			If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)		
ES&H Risk Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC:	Date:
Complexity Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider:	Date:
Work Coordination:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Authorization to start	Date:
(Departmental Sup/WCC/Designee)					

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed): See Attached Work Plan				
Special Working Conditions Required: None				
Operational Limits Imposed: Modification work limited to lower octants easily reachable when standing on lower magnet superstructure.				
Post Work Testing Required: No				
Job Safety Analysis Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Walkdown Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.				
Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other				
Other				
Work Control Coordinator				
Service Provider				
Review Done: <input type="checkbox"/> in series		<input type="checkbox"/> team		

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).			
Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:
Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.			

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)			
Name:	Signature:	Life#:	Date:

6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☐ Yes ☐ No

Post Job Review (Fill in names of reviewers)			
Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary) a) WCM/WCC: Is any feedback required? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Workers: Are there better methods or safer ways to perform this job in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)

Name:	Signature:	Life#:	Date:
Comments:			

PC1 East and West Electronics Repairs in the PHENIX Experimental Hall (bldg. 1008).

Introduction

During the 2010 RHIC Shutdown, the PHENIX Pad Chamber 1 (PC1) group will use the opportunity afforded by the temporary relocation of the PHENIX Central Magnet (CM) to access and repair PC1 East and West electronics modules. These modules would otherwise be practically inaccessible.

All work to be done involves worker planned work including accessing troubleshooting removal, repair, test and replacement of electronics modules. Troubleshooting and testing will be performed in accordance with limits of BNL, CAD and PHENIX policy in accordance with PHENIX Awareness training.

The access will be accomplished with some combination of suitable manlift(s) (To Be Determined), standard scaffolding and or custom designed work platforms. The method(s) of access employed will be determined in consultation with the PHENIX CAD liaison engineer and shall comply with all applicable BNL, CAD and PHENIX use and training policies.

Task Description:

Requested PC maintenance for this summer from A. Oskarsson for the period 7/23-8/13/2010

East arm:

Pull DC/PC out on permanent rail. Half a day manlift help

-Packet 4027, 3rd from bottom on PC1E, north side. This has been replaced once previously. It worked for a while after that, but then turned bad again with the same error. The white LV connector is suspected. Try to locate the problem with measurements with DVM before removal of FEM. If it can be verified as a connector problem FEM replacement won't be necessary FEM.

-Packet 4031. Second FEM from the top on PC1E north side. No light in DCM fiber. Need to take the board down and replace it. Can possibly be repaired.

Each of these actions need a couple of hours manlift help. Needs East arm to be operable so that functionality after repair can be established. It is probably necessary to pull the DC/PC package out. It should be sufficient to pull it as far as the original rails go. Hopefully that can be done without uncabing the LV and HV.

West arm:

Pull DC/PC out on permanent rail. 2 hrs manlift help.

-Packet 4008, PC1W, topmost FEM on south side. This has had an unstable behavior since the first year of running. Now with CM out it may be possible to get there. This would be the first time in 10 years when this is possible. Needs a manlift to get to the FEM. Possibly also to pull out the DC/PCWest out, but since it is the top one, it may be accessible without pulling it out. Need to operate the electronics after change.

-Likely broken wire in PC3_WS_BS1. Verify that its a broken wire. If so, the only thing we can do is to localize the short and disconnect HV to the shorted wires to make the sector operable again. This can be done without help from the 1008 crew and it shouldn't interfere with anyone since the work is done from inside the mounting boxes for PC2/PC3.

Unfortunately, disconnecting the wires has not been so successful in the past, since the broken wire tends to move and shorts new wires. But this chamber is rather horizontal so gravitation may have only a small influence on the loose wire.